

## ADOPTION ASSISTANCE PAYMENT AUTHORIZATION

**Use of form:** Completion of this form is necessary to meet the requirements of Wisconsin Administrative Code, HFS 50.04 (5). Personally identifiable information and social security numbers collected on this form are confidential and will be used for identification purposes only.

Agency / Region Requesting Authorization				Date - Adoptive Placement / Signed Adoption	
Name - Social Worker				Telephone No. - Social Worker	
Address - Agency (Street, City, State, Zip Code)					
Child's Pre-Adoptive Name (Last, First, Middle)			Child's Post-Adoptive Name (Last, First, Middle)		Birthdate (mm/dd/yyyy)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic Origin	Child's Social Security No.	Adoption Date (mm/dd/yyyy)	Commitment Number	
Name - Adoptive Father (Last, First, Middle)					Social Security Number
Name - Adoptive Mother (Last, First, Middle)					Social Security Number
Address - Adoptive Home (Street, City, State, Zip Code)					
Mailing Address, If Different					

### Adoption Assistance Authorized

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Assistance<br>Effective Date: _____ (mm/dd/yyyy)<br>Former MA Number: _____ | <input type="checkbox"/> New Cash Grant <input type="checkbox"/> Revision to Existing Agreement<br><input type="checkbox"/> At Risk / \$0<br>Effective Date: _____ (mm/dd/yyyy)<br>(No later than adoption date; no sooner than placement date)<br>Amount: \$ _____ |
|--|---|

### Funding in Adoption Assistance

- ☐ A. Child is eligible for adoption assistance according to criteria of HFS 50.03  
**AND**
- ☐ B. **Federal** / One of the following is true at the time of the adoption assistance application:
- ☐ 1. Child is eligible and reimbursable for IV-E payments in out-of-home care;
  - ☐ 2. Child's parent is a IV-E reimbursable minor in out-of-home care whose maintenance payment was increased to compensate for the child's cost of care;
  - ☐ 3. Child entered out-of-home care via a VPA, under which the child was IV-E reimbursable at some point;
  - ☐ 4. Child would have been eligible and reimbursable for IV-E payments in out-of-home care except for the lack of the judicial determination of reasonable efforts to prevent removal (REPR) or reasonable efforts to achieve the goal(s) of the permanency plan (REPP);
  - ☐ 5. Child is eligible for Supplemental Security Income (SSI) at the time of the adoption petition; **or**
  - ☐ 6. Child was eligible for IV-E Adoption Assistance in a prior adoption that was dissolved or ended due to death of the adoptive parent(s).
- ☐ C. **State** / None of the criteria in B. exist.

**PAYEE** - Check the parent(s) to be named as payee on the monthly check and provide daytime telephone numbers.

- |   |  |
|---|--|
| <input type="checkbox"/> Adoptive father                    | Daytime telephone number - Father: _____ |
| <input type="checkbox"/> Adoptive mother                    | Daytime telephone number - Mother: _____ |
| <input type="checkbox"/> Adoptive father or adoptive mother |  |

SIGNATURE - DHFS Authorizing Authority	Date Authorized (mm/dd/yyyy)
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Send one copy, with CFS-72, 73, 74, 210, 205, 834, 2096 plus court order (include DDE-22C if child in guardianship of a licensed adoption agency) to: DCFS Adoption Assistance Accountant, 1 West Wilson Street, P.O. Box 8916, Madison, WI 53708-8916.